12597

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93-1

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:

County: Charles

City or town: La Plata
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 yrs.

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: La Plata
(If outside city or town limits, write RURAL and give nearest town)

Street No. ..... (If rural, give LOCATION)

2.(a) If veteran, name war .....

3. (a) FULL NAME: Frank Shepherd Barnes

3. (b) Social Security Number:

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Married

6.(b) Name of husband or wife: Lola Sanders

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): June 25, 1868

8. AGE: Years: 72 Months: 5 Days: 12 If less than one day ..... hrs. ..... min.

9. Birthplace: McConchie Charles, Md.
(Town, county, and state)

10. Usual occupation: Salesman (retired)

11. Industry or business: Hardware + lumber

FATHER
12. Name: Benton Barnes,
13. Birthplace: McConchie, Md.

MOTHER
14. Maiden name: Mary Elizabeth Brawner,
15. Birthplace: McConchie, Md.

16. Informant: Elizabeth Barnes (daughter)
Address: La Plata, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 12/9/40 (month) (day) (year)

Cemetery or crematory: Durham

Location: Ironsides, Md.

18. Funeral director: Hunt & Ryan
Address: Waldorf, Md.

19. Dec. 8 1940 (Date rec'd by registrar) Lillian V. Posey, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 7, 1940, at 2:00 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 9, 1940, to Dec. 7, 1940 and that I last saw him alive on Dec. 5, 1940

	DURATION
Immediate cause of death: Coronary occlusion	Minutes
Due to: Coronary artery (arteriosclerotic) (heart) disease	Symptomatic 1 month
Due to:	
Other conditions: Chronic congestive heart failure	1 month

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op. —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) ..... (County) ..... (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: James L. MacKavanagh, M.D. (M. D. or other)

Address: La Plata, Md. Date signed: 12-8-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

M

1

T

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (8)

CERTIFICATE OF DEATH

12598

Reg. Dist. No. 100

1. PLACE OF DEATH:

County Charles

City or town La Plata Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Physicians Memorial Hospital

Stay in hospital or inst. (yrs., or mos., or days) ---

Stay in this community (yrs., or mos., or days) ---

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md. County Charles

City or town Rural La Plata Ward No. ---
(If outside city or town limits, write RURAL NEAR and give town)

Street No. ---
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR ---

3. (a) FULL NAME Baby Boy Bowling

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	-

6 (b) Name of husband or wife -

6(c) If alive, give age ---- years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years | Months | Days | If less than one day

Born dead ---- hrs. ---- min.

9. Birthplace La Plata Md.
(Town, county, and state)

10. Usual occupation ---

11. Industry or business

FATHER 12. Name Jacob Vagan Bowling

13. Birthplace Newport Md

MOTHER 14. Maiden name Mamie Maxine Heggo

15. Birthplace St. Marys Co Md.

16. Informant Jacob Bowling

Address La Plata Md.

17. Burial Date thereof Dec. 18 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Sacred Heart

Location La Plata Md.

18. Funeral director John F. Bowling (Father)

Address La Plata, Md.

19. Dec 18 1940 Julia H. Posey
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 18 1940, at 9:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Birth - Born dead, 19---, and that I last saw h--- alive on ---, 19---.

Immediate cause of death	DURATION
Asphyxiation	
Prolapsed Cord	1 hr
Breech Presentation	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Dt operations -

Dt autopsy -

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide - Date of -

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) -

Means of injury Injured at work? -

23. SIGNATURE J. J. McCandless M.D.
M. D. or other

Address La Plata Md. Date signed 12/18/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

RECEIVED
JAN 4 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12599

Reg. Dist. No. 104

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Charles

City or town Mt Victoria

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 74 years

Hospital, institution, or street address where death occurred: —

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Charles

City or town Mt. Victoria

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME Edgar Fairfax Bryant

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6.(b) Name of husband or wife Laura Bryant

6.(c) If alive, give age 75 years

7. Birth date of deceased (mo., day, yr.) Jan 6th 1861

8. AGE:

Years	Months	Days	If less than one day
79	11	1	hrs. min.

9. Birthplace Richmond County Va (Town, county, and state)

10. Usual occupation Engineer

11. Industry or business

FATHER 12. Name William Bryant

13. Birthplace Va

MOTHER 14. Maiden name Martha Bryant

15. Birthplace Va

16. Informant Emmalee Bryant

Address Mt. Victoria Md

17. (Burial, cremation, or removal. Which?) Date thereof Dec 3-1940 (month) (day) (year)

Cemetery or crematory Wayside Md

Location Wayside Md

18. Funeral director Hunt and Lyon

Address Waldorf Md

19. (Date rec'd by registrar) 19 Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 1st 19 40, at 7-30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov 27th 19 40, to Dec 1st 19 40

and that I last saw h[illegible] alive on Dec 1st 19 40

Immediate cause of death	DURATION
Cardiac decompensation	9 hrs
Due to Coronary Thrombosis	4 days
Due to Arteriosclerosis multiple	
Chronic	5 yrs
Due to [illegible]	
Other conditions Senility	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Thos. H. Lloyd Md

M. D. or other

Address Date signed

RECEIVED
DEC 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

12600

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH:
County: Charles
City or town: Waldorf MD
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: MD County: Chas Co
City or town: Waldorf MD
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Annie Maria Butler

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	Wid

6.(b) Name of husband or wife: Robert Butler
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): May 10 - 1882

8. AGE: Years	Months	Days	If less than one day
58	7	9	..... hrs. ..... min.

9. Birthplace: Waldorf, Md
(Town, county, and state)
10. Usual occupation: Housework
11. Industry or business
FATHER 12. Name: Bruce Marshall
13. Birthplace: Waldorf Md
MOTHER 14. Maiden name: Julia Ann Booze
15. Birthplace: Chas Co Md
16. Informant: Daniel Pinkney
Address: Waldorf MD
17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-22-40 (month) (day) (year)
Cemetery or crematory: Zion Wesley
Location: Waldorf MD
18. Funeral director: Hurth & Ryon
Address: Waldorf MD
19. Dec 27 40 (Date rec'd by registrar) M L Monroe Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 12 / 20 19 40, at 3 A M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 12 / 1 19 40, to 12 / 20 19 40 and that I last saw h.er alive on 12 / 20 19 40

Immediate cause of death	DURATION
Cerebral Apoplexy	
Due to Cardio Vascular	
Due to Renal	
Other conditions disease	

(Include pregnancy within 3 months of death)

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Chas D. Wenn M.D.
M. D. or other
Address: Waldorf Md Date signed 12-27-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

(97)

12601

Reg. Diat. No. 101

1. PLACE OF DEATH:

County: Charles

City or town: Marbury.

(If outside city or towu limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Charles

City or town: Marbury

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veleran, name war

3.(a) FULL NAME Nellie Butler

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	Old	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) 1849

8. AGE: Years: 91 | Months: — | Days: — | If less than one day: ..... hrs. ..... min.

9. Birthplace: Charles Co. Maryland. (Town, county, and state)

10. Usual occupation: Housework.

11. Indusiry or business

FATHER

12. Name: Harrison Butler

13. Birthplace: Charles Co., Md.

MOTHER

14. Malden name: Harriett Ann Edelen

15. Birthplace: Charles Co. Md

16. Informant: Mary J. Taylor

Address: Marbury Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec 17 1940 (month) (day) (year)

Cemetery or crematory: St. Joseph's.

Location: Pomfret Md

18. Funeral director: Stookey Penny

Address: Pisgah. Md

19. Dec. 18 1940 (Date rec'd by registrar) Mary Sentherland Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH December 14 1940, at 9 15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Infirmities of age.	
no physician in attendance	
Due to Arterio-sclerosis, cor. & R.	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George C. Bicknell M.D. M. D. or other

Address Marbury Md Date signed Dec 15 1940

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 8 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (49-C)

CERTIFICATE OF DEATH

Reg. Diat. No. 12602 185

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Charles
City or town: Rural Waldorf
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?
Hospital, institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Charles
City or town: Rural Waldorf
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Barbara Diety

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: George Diety
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec. 4, 1881

8. AGE: Years: 59 Months: Days: 2 If less than one day: hrs. min.

9. Birthplace: Czechoslovakia
(Town, county, and state)

10. Usual occupation: Housework

11. Industry or business:

FATHER
12. Name: unknown
13. Birthplace: "

MOTHER
14. Maiden name: unknown
15. Birthplace: "

16. Informant: Henry Poityen
Address: Waldorf, Md.

17. (Burial, cremation, or removal. Which?) Burial Date thereof (month) 12 (day) 19 (year) 40
Cemetery or crematory: Oak Hill
Location: Baltimore, Md.

18. Funeral director: Hunt & Ryon
Address: Waldorf, Md.

19. (Date rec'd by registrar) Dec 7 19 40 M. L. Mowell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 6 19 40, at 5 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 19 39 to 12/5 19 40
and that I last saw her alive on 12/5 19 40

	DURATION
Immediate cause of death: Heart failure	
Due to: Cachexia from Carcinoma of Vagina & general Metastasis	3 yrs.
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Chas P. Wales, M.D.
M. D. or other
Address: Waldorf, Md. Date signed: 12/7/40

RECEIVED
DEC 20 1940
BUREAU V. M.

12603

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH:
County: Charles
City or town: Rural Waldorf.
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 10 yrs.
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Charles
City or town: Rural Waldorf.
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3. (a) FULL NAME George Dietz

3. (b) Social Security Number

4. Sex: M
5. Color or race: White
6.(a) Single, married, widowed, or divorced: Married
6.(b) Name of husband or wife: Barbara Dietz
6.(c) If alive, give age: 52 years
7. Birth date of deceased (mo., day, yr.): May 4, 1876

8. AGE: Years 64 | Months 6 | Days 25 | If less than one day ... hrs. ... min.

9. Birthplace: Germany (Town, county, and state)
10. Usual occupation
11. Industry or business: Merchant

FATHER
12. Name: unknown
13. Birthplace: "

MOTHER
14. Maiden name: unknown
15. Birthplace: "

16. Informant: Henry Partzen
Address: Waldorf, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 12/4/40 (month) (day) (year)
Cemetery or crematory: Oak Lawn
Location: Baltimore Co.

18. Funeral director: Huntt & Ryon
Address: Waldorf, Md.

19. Dec 3 1940 (Date rec'd by registrar) M. S. Monroe Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 1 1940 at 7A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 11/17/39 19 to 12/1 1940 and that I last saw him alive on 11/30 1940

Immediate cause of death: Cardiac decompensation

Due to: Cardio Vascular Renal Disease

Due to

Other conditions

(include pregnancy within 3 months of death)

DURATION

Major findings of operations
Date of op.
Autopsy results
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE: Geo. S. Wiley, M.D. M. D. or other
Address: Waldorf, Md. Date signed: 12/2/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 6 1941
BUREAU V. S.

12604

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 195-L

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:

County: Charles

City or town: Rural nr. La Plata
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 months

Hospital, institution, or street address where death occurred:

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Rural near La Plata
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Off Bryantown Road
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME: Agnes Annetta Duckett

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): August 3, 1940

8. AGE:

Years	Months	Days	If less than one day
	4	25	..... hrs. ..... min.

8. Birthplace: La Plata, Charles, Md.
(Town, county, and state)

10. Usual occupation: Infant

11. Industry or business

FATHER
12. Name: Ernest Duckett
13. Birthplace: Bryantown, Md.

MOTHER
14. Maiden name: Agnes Coombs,
15. Birthplace: La Plata, Md.

16. Informant: Agnes Duckett (mother)
Address: La Plata, Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Dec 28 1940
(month) (day) (year)

Cemetery or crematory: Brushes Chapel

Location: East of La Plata, Md.

18. Funeral director: Ernest Duckett (father)
Address: La Plata, Md.

19. Dec 28 1940
(Date rec'd by registrar)
Julia H. Posey
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 28 1940, at 3:00–4:00 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased ~~from~~ on Dec. 28 1940, ~~to~~ ~~19~~

and that I ~~last~~ saw her ~~[illegible]~~ on Dec. 28 1940

Immediate cause of death: ~~Accidental strangulation~~ Accidental Mechanical suffocation

Due to: Aspiration of vomitus

Due to:

Other conditions: —
(Include pregnancy within 3 months of death)

DURATION: Several minutes; Several minutes

Major findings of operations:

Date of op.: —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Accident Date of: 12-28-40

Where did injury occur? La Plata (City or town) Charles (County) Md. (State)

Injured at home, farm, industry, public place (where?): At home

Means of injury: Vomited while asleep Injured at work? No

23. SIGNATURE: James L. MacKavanagh, M.D., Dep. Med. Examiner
M. D. or other

Address: La Plata, Md. Date signed: 12-28-40

VS A15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 4 1941
BUREAU V. S.

12605

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (109)

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:

County: Charles

City or town: Rural near La Plata
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 1/2 months

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Rural nr. La Plata
(If outside city or town limits, write RURAL and give nearest town)

Street No.: Off Bryantown Road
(If rural, give LOCATION)

2.(a) If veteran, name war:

3. (a) FULL NAME: Hazel Elizabeth Duckett

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Negro	Single

6.(b) Name of husband or wife:

6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): July 29, 1940

8. AGE:

Years	Months	Days	If less than one day
0	4	14	hrs. min.

9. Birthplace: La Plata, Charles, Md.
(Town, county, and state)

10. Usual occupation: Infant

11. Industry or business:

FATHER
12. Name: William Duckett
13. Birthplace: La Plata, Md.

MOTHER
14. Maiden name: Mabel Elizabeth Duckett
15. Birthplace: La Plata, Md.

16. Informant: Mabel Duckett (mother)
Address: La Plata, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec 14 1940 (month) (day) (year)

Cemetery or crematory: Brushes Chapel

Location: Near ~~Bryantown~~ Bryantown, Md-East

18. Funeral director: (Father) William Duckett
Address: La Plata, Md

19. Dec 14 1940 (Date rec'd by registrar) Julia H. Posey, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 13, 1940, at 3:30 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased ~~from~~ on Dec. 13, 1940, to — 19—
and that I ~~last~~ saw her ~~alive~~ on Dec. 13, 1940

Immediate cause of death	DURATION
Generalized sepsis	12 hrs
Due to: Primary pneumonia — unclassified	12 hrs.
Due to:	
Other conditions: —	

(Include pregnancy within 3 months of death)

Major findings of operations: —

Date of op.: —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: James L. MacKavanagh, M.D., Dep. Medical Examiner, M. D. or other

Address: La Plata, Md. Date signed: 12-13-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 4 1941
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12606

(92-6)

1. PLACE OF DEATH

County Charles Registration Dist. No. 104

Village or City Mt Victoria No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ___ yrs. ___ mos. ___ ds. How long in U. S. if of foreign birth? ___ yrs. ___ mos. ___ ds.

2. FULL NAME Delila H. Ford

(a) Residence: No. ___ St., ___ Ward. ___

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F

4. COLOR OR RACE: B

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Philip Ford

6. DATE OF BIRTH (month, day, and year): July 18 - 1856

7. AGE: Years 84 | Months 0 | Days 13 | If LESS than 1 day, ___ hrs. or ___ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.:

10. Date deceased last worked at this occupation (month and year):

11. Total time (years) spent in this occupation:

12. BIRTHPLACE (city or town) (State or country): St Marys Co. Md.

FATHER

13. NAME: Hinson

14. BIRTHPLACE (city or town) (State or country): St Marys Co. Md.

MOTHER

15. MAIDEN NAME: Helen A. Hinson

16. BIRTHPLACE (city or town) (State or country): St Marys Co. Md.

17. INFORMANT: Susie Anderson

(Address) 228 C. St. S.W. D.C.

18. BURIAL, CREMATION, OR REMOVAL

Place: Shiloh Date: June 2nd, 1941

19. UNDERTAKER: Hunt & Ryan

(Address) Waldorf

20. FILED 12-31-, 1940 T. L. Higdon

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 12 - 31 - , 1940

(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from 12-19-, 1940, to 12-31, 1940

I last saw him alive on 12-27-, 1940; death is said to have occurred on the date stated above, at 19 a.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Mitral incompetency	

Other Contributory Causes of Importance:

Name of operation ___ Date of ___

What test confirmed diagnosis? ___ Was there an autopsy? ___

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ___ Date of injury ___, 19___

Where did injury occur? ___

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ___

Nature of injury ___

24. Was disease or injury in any way related to occupation of deceased? ___

If so, specify ___

(Signed) T. L. Higdon M. D.

(Address) Wayside

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
JAN 6 1941
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

12607

STATE OF MARYLAND—CERTIFICATE OF DEATH

(159)

1. PLACE OF DEATH

County Charles Registration Dist. No.

Village or City Mt. Victoria, Md No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Barbara A. Graves

(a) Residence: No. Mt. Victoria, Md St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
F	W	

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) 12-25-40

7. AGE Years	Months	Days	If LESS than 1 day, 4 hrs. or min.
Unknown	—	—	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Mt Victoria
(State or country)

FATHER

13. NAME Francis W. Graves

14. BIRTHPLACE (city or town) Maddox St Manis Md
(State or country)

MOTHER

15. MAIDEN NAME Cora B. Rice

16. BIRTHPLACE (city or town) Ryeworth Md
(State or country)

17. INFORMANT Cora B. Graves
(Address) Mt Victoria

18. BURIAL, CREMATION, OR REMOVAL
Place Holy Ghost Cem Date 1-26-1940

19. UNDERTAKER Francis W. Graves
(Address) Mt Victoria

20. FILED 1-3-, 1941 T. L. Higdon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 12 (Month) — 25 (Day) —, 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw h alive on , 19 ; death is said to have occurred on the date stated above, at 9 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Premature	

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur?
(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) T. L. Higdon M. D.

(Address) Bayside

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, **not** the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

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ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (61)

CERTIFICATE OF DEATH

12608

Reg. Dist. No. 101

1. PLACE OF DEATH:
County: Charles
City or town: Pisgah
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? Life
Hospital, Institution, or street address where death occurred:
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Charles
City or town: Pisgah
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Laura I. Mattingly

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Bernard Mattingly
6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): Dec. 13, 1867

8. AGE: Years	Months	Days	If less than one day
73		3	..... hrs. ..... min.

9. Birthplace: Pisgah, Chas. Co. Md
(Town, county, and state)
10. Usual occupation: housework
11. Industry or business

FATHER
12. Name: J. A. Bowie
13. Birthplace: Chas. Co. Md.

MOTHER
14. Maiden name: Susie Simmons
15. Birthplace: Chas. Co. Md.

16. Informant: J. A. Mattingly
Address: Pisgah Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12/18/40 (month) (day) (year)
Cemetery or crematory: Nazarene
Location: Pisgah, Md.

18. Funeral director: Hiatt & Ryon
Address: Waldorf, Md.

19. 12/17 19 40 (Date rec'd by registrar) Mary Smithsland Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 16 19 40, at 9 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 19 37, to Dec 16 19 40
and that I last saw her alive on Dec. 16 1940 19

Immediate cause of death	DURATION
Cerebral Hemorrhage	
Due to Arteriosclerosis	
Due to Apathetic Melitus	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Geo. C. Bidwell Jr. M. D. or other
Address: Marbury Md Date signed Dec 17 40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JAN 8 1941
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (186a)

CERTIFICATE OF DEATH

12609

Reg. Dist. No. 102

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH

County Charles

City or town Grayton

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Chas.

City or town Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Betty Ann Milstead

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	Wh	Single

8 (b) Name of husband or wife

8(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Sept 12 1934

8. AGE:

Years	Months	Days	If less than one day
6	2	19	hrs. min.

9. Birthplace Grayton Md.

(Town, county, and state)

10. Usual occupation Student

11. Industry or business

FATHER

12. Name Earnest High

13. Birthplace Washington D.C.

MOTHER

14. Maiden name Cyrelena Milstead

15. Birthplace Montgomery Md.

16. Informant Marshall A Bateman

Address Grayton Md.

17. Burial (Burial, cremation, or removal—Which?) Date thereof Dec. 2 1940 (month) (day) (year)

Cemetery or crematory Emanuel Chapel

Location Grayton Md.

18. Funeral director Stanley Penny

Address Waldorf Md.

19. 40 Dec 2 (Date rec'd by registrar) 1940 J. A. Thompson Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Dec. 1 1940, at 2 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 30 1940, to 19 and that I last saw h alive on Dec. 30 1940

Immediate cause of death	DURATION
Cerebral Injury due to a fall on the floor.	
Due to Convulsion	
Due to Acc Indigestion Gastro-enteric upset.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accidents Date of

Where did injury occur? (City or town) (County) (State)

injured at home, farm, industry, public place (where?)

Means of injury injured at work?

23. SIGNATURE Geo. C. Bichell M.D. M. D. or other

Address Marlow Md Date signed Dec 1 40

RECEIVED
DEC 4 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

12610

Reg. Diat. No. 102

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Charles

City or town: Maryland Point

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Md. County: Charles

City or town:

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Fanny Newman.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
F	Col	Widowed

6.(b) Name of husband or wife: Theo. Newman

6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): 1870

8. AGE: Years: 70 | Months: — | Days: — | If less than one day: ____ hrs. ____ min.

9. Birthplace: Rinaside, Md. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: —

FATHER

12. Name: Isaac Craig.

13. Birthplace: Charles Co. Md.

MOTHER

14. Maiden name: Unknown

15. Birthplace: "

16. Informant: Harry Sawyer

Address: Md. Pobet Md

17. (Burial, cremation, or removal. Which?) Date thereof ____ (month) (day) (year)

Cemetery or crematory: Oak Grove

Location: Rinaside, Md.

18. Funeral: Stanley Penny

Address: Pisgah, Md

19. Dec 27 19 41 (Date rec'd by registrar) John J. Maddox Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 20 1940 at 7 30 P. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 20 1940, to ____ 19____ and that I last saw h[illegible] alive on Dec. 24 19____

Immediate cause of death	DURATION
Cerebral Apoplexy	
Due to: Arterio Sclerosis	
Due to: Chr. Nephritis.	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:

Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: Geo. C. Bidwell M.D. M. D. or other

Address: Marlow Md. Date signed: Dec 27 40

RECEIVED
JAN 6 1941
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

12611

1. PLACE OF DEATH (193)

County Charles Registration Dist. No. 186

Village or City Near Mason Springs, Md. No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME James Ellis PENNY If U. S. Veteran, specify WAR No.

(a) Residence: No. 917 Howard Road, S.E. St., Ward. Washington, D.C. ✓

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	Colored	Single

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Not married.

6. DATE OF BIRTH (month, day, and year) Feb. 10-1922.

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	18	10	13	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Student

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 12-20-40

11. Total time (years) spent in this occupation 5

12. BIRTHPLACE (city or town) (State or country) Pomfret, Maryland.

FATHER

13. NAME James Preston PENNY

14. BIRTHPLACE (city or town) (State or country) Charles County Maryland.

MOTHER

15. MAIDEN NAME Donzaletta PENNY

16. BIRTHPLACE (city or town) (State or country) Charles County Maryland.

17. INFORMANT Eulalia Galloway

(Address) 917 Howard Road, S.E., Wash., D. C.

18. BURIAL, CREMATION, OR REMOVAL

Place Glymont Md. Date Dec 24, 1940

19. UNDERTAKER Penny & Coler

(Address) Mason Springs, Md.

20. FILED Dec 26, 1940 Odey Price

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH December (Month) 23 (Day), 193 40 (Year)

22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...

I last saw h... alive on ..., 19...; death is said to have occurred on the date stated above, at ...m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Electrocutione	
Other Contributory Causes of Importance:	

Name of operation ... Date of ...

What test confirmed diagnosis? ... Was there an autopsy? ...

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Accident Date of injury Dec 23, 1940.

Where did injury occur? near mason Springs.

(Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.

Public Highway.

Manner of injury Struck by his own truck knocked

Nature of injury down by automobile.

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Geo. C. Bicknell, M. D.

(Address) Marbury, Md.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (83-a)

12612

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:
County: Charles
City or town: La Plata
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Physicians Memorial Hospital
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Charles
City or town: Rural near Wicomico Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John Rice

3. (b) Social Security Number

4. Sex: M
5. Color or race: W
6. (a) Single, married, widowed, or divorced: married
8 (b) Name of husband or wife: Elizabeth Rice
6(c) If alive, give age ____ years
7. Birth date of deceased (mo., day, yr.): May 25 1867

8. AGE: Years: 73 Months: 6 Days: 23 If less than one day ____ hrs. ____ min.

9. Birthplace: St. Mary Co. Md.
(Town, county, and state)
10. Usual occupation: Farming - retired.
11. Industry or business
FATHER
12. Name: Daniel W. Rice
13. Birthplace: St. Marys Co. Md.
MOTHER
14. Maiden name: Mary Norris
15. Birthplace: St. Marys Co Md
18. Informant: Thomas Rice
Address: Mechanicsville Md.
17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-19-40 (month) (day) (year)
Cemetery or crematory: Bethel
Location: Near Buddy Creek Md
18. Funeral director: Elmer M. Inade
Address: Hughesville Md
19. Dec 18 1940 (Date rec'd by registrar) Julia H. Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 18 1940, at 5:55 AM
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from December 12 1940, to December 18 1940, and that I last saw h 1 M alive on December 17 1940.

Immediate cause of death: Cerebral Hemorrhage — DURATION: 6 days
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of —
Where did injury occur? — (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of Injury — Injured at work? —

23. SIGNATURE: J. T. McAndrew MD
M. D. or other
Address: La Plata Md Date signed 12/18/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

12613

Reg. Diat. No. 106

1. PLACE OF DEATH:
County: Charles
City or town: Indian Head
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 29 years
Hospital, Institution, or street address where death occurred:
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Charles
City or town: Indian Head
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME Minnie Irene Robey

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6.(b) Name of husband or wife: Wallace Robey
6.(c) If alive, give age: F years

7. Birth date of deceased (mo., day, yr.): July 16, 1891

8. AGE:

Years	Months	Days	If less than one day
49	5	4	...hrs. ...min.

9. Birthplace: Waldorf. Md
(Town, county, and state)
10. Usual occupation: Merchant
11. Industry or business: Grocery

FATHER
12. Name: Peter Penbrooke Gates
13. Birthplace: Waldorf. Md.

MOTHER
14. Maiden name: Ida Cecelia Adams
15. Birthplace: Pomfret. Md.

16. Informant: William Danielson
Address: Indian Head. Md.

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Dec. 30 1940
(month) (day) (year)
Cemetery or crematory: Bumpy Oak Cemetery
Location: Pomonkey. Md.
18. Funeral director: W. W. Chambers Co.
Address: 517 - 11th St S E. Wash. D. C.

19. Dec. 28 1940
(Date rec'd by registrar)
Odey Prisey
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 27 1940, at 9 30 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 27 1940, to Dec. 27 1940
and that I last saw her alive on Dec. 27 1940

Immediate cause of death	DURATION
Coronary Thrombosis	12-27-40
Due to: Hypertensive heart Disease	1936
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations: Date of op.
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: —
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: Frank L. Susan L. D.
M. D. or other
Address: Indian Head. Md. Date signed: 12/27/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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2411 N. Charles St., Baltimore (17-c)

CERTIFICATE OF DEATH

12614

Reg. Dist. No. 100

1. PLACE OF DEATH:
County: Charles
City or town: La Plata
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 1 day
Hospital, Institution, or street address where death occurred:
How long in hospital or institution? 1 day

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For new-born infants, give residence of mother)
State: Md. County: Charles
City or town: Waldorf md
(If outside city or town limits, write RURAL and give nearest town)
Street No.
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: Henry Shorter

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	C	Single

6.(b) Name of husband or wife:
6.(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Dec 10-1922

8. AGE:

Years	Months	Days	If less than one day
18		13	hrs. min.

9. Birthplace: Waldorf md
(Town, county, and state)
10. Usual occupation: Laborer
11. Industry or business:
FATHER 12. Name: Alec Shorter
13. Birthplace: Waldorf md
MOTHER 14. Maiden name: Mary Lyles
15. Birthplace: Waldorf Md
16. Informant: Alec Shorter
Address: Waldorf md
17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-27-40 (month) (day) (year)
Cemetery or crematory: St Joseph
Location: Pomfret md
18. Funeral director: Hunt & Ryon
Address: Waldorf md
19. Dec. 25 1940 (Date rec'd by registrar) Julia H Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec 23 1940, at 9:35 P M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 23 1940 to Dec 23 1940
and that I last saw h.i.c. alive on Dec 23 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	1 day
Due to: Auto accident	1 day
Due to: Hit by auto	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations:
Date of op.:
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: accident Date of 12-22-40
Where did injury occur? Trading Chas. Md.
(City or town) (County) (State)
Injured at home, farm, industry, public place (where?) State Rd.
Means of injury: Hit by auto Injured at work?

23. SIGNATURE: E J Edelen M.D.
M. D. or other
Address: La Plata, Md Date signed 12-23-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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12615

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (9)

CERTIFICATE OF DEATH

Reg. Dist. No. 106

1. PLACE OF DEATH:

County: Charles

City or town: Indian Head (Rural)
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 weeks

Hospital, institution, or street address where death occurred: —

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: Rural (Indian Head)
(If outside city or town limits, write RURAL and give nearest town)

Street No. —
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Robert Andrew Thomas

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Col.	single

6.(b) Name of husband or wife —

6.(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Oct. 29 1940

8. AGE: Years | Months 1 | Days 25 | If less than one day ... hrs. — min.

9. Birthplace: Indian Head
(Town, county, and state)

10. Usual occupation: Infant

11. Industry or business —

FATHER
12. Name: Wm. McKinley Thomas
13. Birthplace: Ripley, Md.

MOTHER
14. Maiden name: Emma L Gutrick
15. Birthplace: Cross Roads, Md

18. Informant: Wm. M. Thomas
Address: Indian Head

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof: Dec. 26, 1940 (month) (day) (year)

Cemetery or crematory: St. Charles Catholic Church

Location: Glymont, Md.

18. Funeral director: Penny & Cofer

Address: Mason Springs, Md.

19. Dec. 24 1940 (Date rec'd by registrar) Odey Price Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 24 1940 at 4 15 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 21 1940, to Dec. 23 1940 and that I last saw him alive on Dec. 23 1940

Immediate cause of death: Bronchopneumonia (bilateral) Pertussis — DURATION: 5 days.

Due to

Due to

Other conditions: None.
(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Indian Head — Date signed: 12/24/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (70)

CERTIFICATE OF DEATH

12616

Reg. Dist. No. 104

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Charles

City or town: (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md. County: Charles

City or town: La Plata
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Roger L. Waters

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	B	

6.(b) Name of husband or wife

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): April 18, 1940

8. AGE: Years	Months	Days	If less than one day
	7	19	..... hrs. ..... min.

9. Birthplace: Fairmount, Md.
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER — 12. Name: Groom Waters

FATHER — 13. Birthplace: Fairmount

MOTHER — 14. Maiden name: Ella King

MOTHER — 15. Birthplace: MD

16. Informant: Groom Waters

Address: La Plata

17. Burial (Burial, cremation, or removal. Which?) Date thereof Dec. 5, 1940 (month) (day) (year)

Cemetery or crematory: Shiloh

Location: Groom Waters, Funeral director

18. Funeral director: Groom Waters

Address: La Plata

19. 12/4/40 (Date rec'd by registrar) 19..... T. L. Higdon Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Dec. 4, 1940 19..... at about 3 P. M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....

and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Rickets	
Due to: Lack of nourishment	
Due to:	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide. Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

* Sign here

23. SIGNATURE: T. L. Higdon, M. D. or other

Address: Bayside Date signed: 12-4-40

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12617

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 131-a

CERTIFICATE OF DEATH

Reg. Dist. No. 100

1. PLACE OF DEATH:

County: Chas Md

City or town: ~~Waldorf~~ Phys mem La Plata Md
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 25 yrs.

Hospital, institution, or street address where death occurred: La Plata Hosp.

How long in hospital or institution? 3 days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Charles

City or town: Waldorf
(If outside city or town limits, write RURAL and give nearest town)

Street No.
(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Judson E. Willett

3. (b) Social Security Number

4. Sex: Male

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Fannie Willett

6.(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): March 4, 1859

8. AGE: Years: 81 Months: 9 Days: 3 If less than one day ... hrs. ... min.

9. Birthplace: White Plains, Md
(Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business

FATHER
12. Name: Geo. Willett
13. Birthplace: White Plains

MOTHER
14. Maiden name: Sarah McDaniel
15. Birthplace: White Plains

16. Informant: John Montgomery
Address: Waldorf Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 12-9-40 (month) (day) (year)

Cemetery or crematory: ~~[illegible]~~ Oakland Cem

Location: Waldorf ~~[illegible]~~ Md

18. Funeral director: Hunt & Ryan
Address: Waldorf Md

19. Dec 9 1940 (Date rec'd by registrar) Julia H. Casey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 12/8 1940, at 2 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1939, to 12/8 1940 and that I last saw him alive on 12/7 1940

Immediate cause of death: Cardiac Failure

Due to: Cardio-Vascular — Renal disease

Due to: Senility —

Other conditions

(Include pregnancy within 3 months of death)

DURATION

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Geo. P. Weber M.D. M. D. or other

Address: Waldorf, Md Date signed 12/9/40

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (175-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 100 102

1. PLACE OF DEATH:
County: Charles
City or town: En route, betw. Cross Roads + Nanjemoy
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? En route
Hospital, Institution, or street address where death occurred: —
How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Charles
City or town: Rural nr. Nanjemoy
(If outside city or town limits, write RURAL and give nearest town)
Street No.: Liverpool road
(If rural, give LOCATION)
2.(a) If veteran, name war: —

3.(a) FULL NAME: Luke Willett

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife: —
6.(c) If alive, give age: about ... years
7. Birth date of deceased (mo., day, yr.): December 10, 1925

8. AGE: Years	Months	Days	If less than one day
14	11	23	... hrs. ... min.

9. Birthplace: Nanjemoy, Charles, Md. (Town, county, and state)
10. Usual occupation: Student
11. Industry or business: High school
FATHER 12. Name: Alfred T. Willett
13. Birthplace: Nanjemoy, Md.
MOTHER 14. Maiden name: Katie Maddox
15. Birthplace: Doncaster, Md.
16. Informant: Alfred T. Willett (father)
Address: Nanjemoy, Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof: Dec. 6 1940 (month) (day) (year)
Cemetery or crematory: Nanjemoy Baptist Cemetery
Location: West —
18. Funeral director: Hunt and Ryon
Address: Waldorf, Md. —
19. Dec 5 1940 (Date rec'd by registrar) Lillian Posey Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: December 3, 1940, at 4:00 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ~~on~~ Dec. 3, 1940, to ~~or~~; and that I ~~last~~ saw him ~~alive~~ on Dec. 3, 1940

Immediate cause of death	DURATION
Hemorrhage from traumatic amputation of arm	15 min.
Due to: Accident - arm caught in	15 min.
~~Due to~~ moving belt on sawmill	
Other conditions: —	

(Include pregnancy within 3 months of death)

Major findings of operations: —
Date of op.: —
Autopsy results: —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Accident Date of: 12-3-40
Where did injury occur? Nanjemoy (City or town) Charles (County) Md. (State)
Injured at home, farm, industry, public place (where?): At home
Means of injury: Sawmill belt Injured at work?

23. SIGNATURE: James L. MacKaumagh, M.D. Dep. Med. Examiner (M. D. or other)
Address: La Plata, Md. Date signed: 12-3-40

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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